COVID-19 Impact on Blood Programs
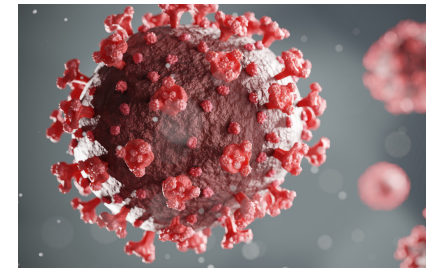## Summary of key learnings and suggested strategies

Image credit: IFRC ShaRED

Introduction

This document captures collective insights on the impact of the pandemic on blood services globally, collated from the shared experiences of Red Cross / Red Crescent blood programs. It spans five key areas:

1. Donor management
2. Communication and marketing
3. Collection centres
4. Planning / organisation
5. Staff arrangements.

The key learnings presented are applicable / relevant to many country contexts. However, it is also important to note that the challenges experienced are diverse and constantly changing. The below suggested strategies must be carefully considered in accordance with local Ministry of Health requirements and with reference to specific local country contexts.

Note. this information is current as at January 2022.

More COVID-19 specific information, external guidance and suggested strategies can be found at the GAP website - www.globaladvisorypanel.org.

Who is GAP?

GAP is a global network of Red Cross and Red Crescent Blood Services with specific expertise in risk management and corporate governance of blood programs.

The purpose of GAP is to provide technical advice, promote knowledge sharing and partnerships, and develop and provide tools and assistance to National Societies and their blood programs.

GAP is affiliated with the International Federation of Red Cross and Red Crescent Societies (IFRC) and the organisation's role and purpose is defined in the IFRC Blood Policy 'Promoting Safe and Sustainable Blood Systems'. This policy outlines the specific responsibilities of IFRC, GAP, National Societies and blood services in managing blood program risk. For more information on GAP, please visit the GAP website, www.globaladvisorypanel.org

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1. Donor management

Blood programs experienced a range of challenges impacting donors, recruitment and blood sufficiency. Systems and strategies needed to be constantly reviewed and adapted to the rapidly evolving environment.

Some suggested strategies for donor management are outlined below:

Image credit: IFRC ShaRED

- Ensure mechanisms are in place for **reviewing and revising blood donor selection criteria, interview and donor deferrals** based on travel history, prior infection or potential exposure (close contacts), or vaccination. Ensure guidelines are revised/updated regularly and staff are trained in changes.

- Consider implementing **blood donor appointment systems** to control and record the flow of donors, moderate donor surge and ensure social distancing. This also allows development and implementation of strategies addressing increased levels of cancellations or no-shows.

- Ensure **contact tracing mechanisms are in place** for donors and staff safety – as indicated by local public health requirements.

- Ensure **targeting of both new and existing donors** to ensure sufficiency and ongoing sustainability of the blood supply. Always ensure donors are appreciated for their lifesaving gift to increase their chances of returning to donate.

- Use **digitally targeted, personalised and local campaigns** to address changes in willingness to donate.

- Continue to target **rare blood groups and contacting donor panels** as appropriate.

- Constantly **review and revise plans and locations of blood collection events** (fixed site and mobile) to address changes in community activity (for example, during lockdowns when schools or universities are closed, the blood services may increase residential collections, or consider moving collection facilities or mobiles from business district locations to suburban locations to accommodate more work-from-home)

- Consider **shifting group donation programs to a digital format**, i.e. in large group donations where strict social distancing is not possible, instead create digital group campaigns that allow tallying of individual donations in groups and avoids overcrowding. This may be useful for businesses where staff are working from home, or with sporting/ youth groups.

- Implement **mechanisms that address post donation exclusion requirements** to ensure blood services adhere to current guidelines for deferral of product. Ensure this is continually reassessed as the nature of the COVID-19 virus is better understood.

2. Communication and marketing

To address blood donors shortages and an increased reluctance to donate blood, communications with stakeholders and the community need to be regular, well-informed and reassuring.

Some suggested strategies for communication and marketing are outlined below:

- Maintain **regular contact with government and health authorities** to understand movement guidelines, ensuring they recognise blood as an essential medicine, and blood donation as an essential activity.

- Understand and tailor communication marketing to manage a change in willingness to donate for various reasons (i.e. infection control / fear, changing values, time, health status etc), ensuring **communications and services are personalised, relevant and timely.**

- **Invite / remind regular donors** to donate again, when eligible.

- Communicate the latest evidence in hospitals, donation sites and the media – that **COVID-19 is not known to be transmitted through blood** (WHO 2021).

- Address any fears of infection by regularly reassuring donors across multiple platforms that their safety is priority – by **communicating extra mechanisms in place at blood centres** such as increased PPE, extra hygiene measures, social distancing and using contact registers.

- **Re-think strategies for providing donor education** in the event that in-person information sessions are no longer feasible – for example, offering remote education session delivery in corporate settings using online meeting technologies such as Zoom or MS Teams.

- At donation sites, ensure **extra safety measures are highly visible and adhered to** (i.e. large marks on chairs unable to be used).

- **Assess whether previous and current messaging strategies will remain relevant** in the post-pandemic era and consider public burnout of health messaging (which includes blood donation) – this again may change how blood services communicate with the community and blood donors.

- Focus on **targeting the youth in blood donation** as an influential and highly mobile group of potential and long-term blood donors.

3. Collection centres

It is important that collection centres minimise risk of COVID-19 infection to donors and staff, to protect their safety and provide public confidence when entering these centres.

Some suggested strategies for collection centres are outlined below:

- Implement **extra measures to ensure protection of staff, volunteers and donors** (environment, hygiene and infection control, cleaning, PPE, social distancing). Examples include wearing of masks, extra sanitation stations, increased ventilation, extra cleaning, individually wrapped donor refreshments, temperature checks on arrival and additional questioning on entering the centre.

- **Extend or adjust blood centre opening hours** to optimise blood donation and collection capacity.

- **Increase communications** around locations and opening hours of collection sites, and encourage scheduling of appointments or time-blocks.

- **Limit entry to blood collection sites to staff and donors only** (i.e. discourage bringing others if they're not donating).

- Consider the **role trained volunteers can play in supporting activities** at fixed and mobile collection sites, where appropriate. For example, assisting in providing refreshments for donors.

Image credit: Australian Red Cross Lifeblood®

4. Planning and organising

Blood programs have a responsibility to maintain product safety and supply by having plans in place to rapidly respond to emergency events and challenging impacts on the blood program.

Some suggested strategies for planning/organising are outlined below:

- Establish and **maintain dialogue with hospitals** to:
  - carefully monitor supply/demand (and consider the impact of elective surgeries turned off or on, delay in screening programs or patients' reluctance in seeking treatment),
  - match blood supply with demand, adhere to effective patient blood management, and consider using alternative measures to blood transfusion in times of shortage, if possible.

- Consider the **quality management and research required for new products**. For example, the recommendation that blood services only undertake COVID-19 convalescent plasma (CCP) as part of a clinical study or trial in a research setting; while the clinical community continues to understand what role this product may have.

- Address and plan for **potential issues with supply-chain/critical supplies**, including implementing a plan to ensure ongoing supply of critical supplies, having multiple or trusted suppliers, having multiple storage sites (should there be restricted access due to shutdowns), and increasing monitoring and minimum holds of stock levels.

- Regularly **meet with government/health authorities** on the requirements around travel and movements during lockdown (as indicated in "communication and marketing section") and its impact on planning and collection activities.

- Carefully plan collection activities to **accommodate changes in community activity or infection 'hotspots'** (i.e. more work from home, closure of schools / universities, increased cancellations, infection clusters in certain areas, the appropriateness of new kinds of sites such as stadiums etc).

- Develop and implement **disaster preparedness plans / strategies and review business continuity planning** for rapid response. For example, countries previously impacted by SARS in the Asia region were able to rapidly respond to the COVID-19 outbreak as they had incorporated previous SARS lessons learned into disaster preparedness plans.

- Consider the impact of **managing multiple disasters concurrently** (i.e. Beirut explosion), on donor availability, supply/demand, staff burnout, response time etc.

- Regularly **review advice from local authorities and monitoring sites** to ensure rapid response.

- Continuously monitor and forecast the situation, including **blood demand/supply throughout the pandemic** (i.e. will there be increased blood demand longer term? Are patients presenting at later stages of disease progression and therefore the requirement for blood may be increased).

- Assess current recruitment strategies and **understand any changes in donor behaviours** during the various phases of the pandemic (i.e. are they still relevant in a changing world?).

5. Staff arrangements

(in accordance with local Ministry of Health requirements)

The wellbeing, safety and productivity of the blood program's workforce must be maintained to ensure supply of blood as an essential medicine.

Some suggested strategies for arranging staff are outlined below:

- Ensure **contingency plans are in place for the management of loss of staff** and collection capacity, i.e. split rostering/staff "bubbles" (to limit widespread impact of a close contact on personnel), outsourcing to an alternative site, pro-actively recruiting and training more staff.

- **Increase measures to ensure staff safety and reassure** them of this regularly.

- **Assess staff resourcing,** rosters and safety / wellbeing regularly.

- Ensure **contact tracing mechanisms are in place** as indicated by local public health requirements (as outlined above).

- Depending on the local context/legislation, **consider making rapid testing kits available for staff for self-testing** if a staff member become symptomatic.

- **Regularly update staff on current situation/practices** and monitor mental health/burnout.

- Consider **work-from-home** for staff not essential to operations.

- **Regularly train staff** in new systems and ensure this is documented. Ensure backup staff are re-trained across multiple areas to support redeployment if required.

- **Ensure a plan is in place for collection activities** (adequacy of resources) in the event the blood centre is impacted by sudden loss of staff.

Image credit: IFRC ShaRED

Image credit: Australian Red Cross Lifeblood®

Thank you to all contributors who willingly shared their experiences and insights to help the global Red Cross / Red Crescent community address the impact of COVID-19 on their blood programs.

Global Advisory Panel
on Corporate Governance and Risk Management of Blood Services in Red Cross and Red Crescent Societies